

DEPARTMENTAL INPUT
CONTRACT/PROJECT MEASURE ANALYSIS AND RECOMMENDATION

Rev 1

<input type="checkbox"/> <u>New contract</u>	<input type="checkbox"/> <u>OTR</u>	<input type="checkbox"/> <u>CO</u>	<input type="checkbox"/> <u>SS</u>	<input type="checkbox"/> <u>BW</u>	<input checked="" type="checkbox"/> <u>Emergency</u>	Previous Contract/Project No: 8209-4/12-3
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<input type="checkbox"/> <u>Re-Bid</u>	<input type="checkbox"/> <u>Other</u>
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LIVING WAGE APPLIES: ☐ YES ☒ NO

Requisition/Project No: RQCR1200001

TERM OF CONTRACT: Upon delivery

Requisition/Project Title: Latex Gloves, Digitcare, Inc. model # 911T

Description: Emergency purchase of 780 cases of 911T latex gloves, size extra large and extra extra large.

User Department(s): Corrections and Rehabilitation.

Issuing Department: ISD

Estimated Cost: \$99,840.00

Contact Person: A. Rodriguez Phone: 305-375-4744

Funding Source: General Funds

ANALYSIS

Commodity/Service No: 475-41			
Trade/Commodity/Service Opportunities			
Contract/Project History of Previous Purchases For Previous Three (3) Years Check Here <input type="checkbox"/> if this is a New Contract/Purchase with no Previous History			
EXISTING 2 ND YEAR 3 RD YEAR			
Contractor:	American Medical Depot	Same	
Small Business Enterprise:	Yes		
Contract Value:	\$641,000		
Comments: Existing contract vendor can no longer provide this size glove. This emergency purchase is for MDCR current use.			
Continued on another page (s): <input type="checkbox"/> Yes <input type="checkbox"/> No			

RECOMMENDATIONS

SBE	Set-Aside	Sub-Contractor Goal	Bid Preference	Selection Factor
		%	X	
		%		
		%		
		%		

Basis of Recommendation:

Signed: A. Rodriguez

Date to SBD: 11/4/11

Date Returned to DPM: _____

2011 NOV -4 PM 3:35

RECEIVED
DEPT. BUSINESS DEV.



SECTION #3
EMERGENCY PURCHASES

NOTE TO DEPARTMENTS: COMPLETE ITEMS MARKED WITH (▶)

▶ REQUISITION #: RQCR1200001 P.O. #: _____

BCC DATE: _____

▶ ACQUISITION DATE (Date Order Is Placed): _____

▶ TITLE:	<u>Emergency Purchase Order for Latex Gloves</u>
▶ DESCRIPTION:	<u>First Response Latex Gloves DIGITCARE ICU-T</u>
▶ PURPOSE:	<u>To provide the staff latex gloves to pat down inmates and respond to medical emergencies on daily basis.</u>

▶ Department(s):	▶ Allocation(s):
*CR	\$ 99,840.00
*	\$

▶ TERM OF CONTRACT:	<input type="checkbox"/> One <input type="checkbox"/> Two <input type="checkbox"/> Three <input type="checkbox"/> Four <input type="checkbox"/> Five <input checked="" type="checkbox"/> Year(s)
	<input type="checkbox"/> _____ Month(s)
	<input type="checkbox"/> Contract Period From _____ to _____
	<input type="checkbox"/> Upon Completion <input checked="" type="checkbox"/> From _____ to _____
	<input type="checkbox"/> Upon Delivery <input checked="" type="checkbox"/> _____ Days A.R.O. (after Receipt of Order)

Special Conditions:	<input type="checkbox"/> Insurance Type _____
	<input type="checkbox"/> Performance/Payment Bond
	<input type="checkbox"/> Certificate of Competency
	<input type="checkbox"/> Living Wage Applies

SBE Measures:	<input type="checkbox"/> None	<input type="checkbox"/> SBE <input type="checkbox"/> Micro Enterprise	Review Committee Date: _____ Item #: _____	
	<input type="checkbox"/> Set Aside			<input type="checkbox"/> SBE <input type="checkbox"/> Micro Enterprise
	<input type="checkbox"/> Bid Preference			<input type="checkbox"/> SBE <input type="checkbox"/> Micro Enterprise
	<input type="checkbox"/> Goal			<input type="checkbox"/> SBE <input type="checkbox"/> Micro Enterprise

▶ Number of Price Quotation(s): Requested: _____ Received: _____

Awarded To Low Bidder: ☒ YES ☐ NO, if "NO", provide explanation in the Comments section

Vendor: <u>Bound Tree Medical LLC</u>	Vendor: _____
Vendor: _____	Vendor: _____

Contract Value: \$99,840.00

Did Local Preference affect the outcome of the Award?	<input type="checkbox"/> YES <input type="checkbox"/> NO, if "YES", provide detailed explanation in the "Comments" section
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UAP Included: <input type="checkbox"/> YES <input type="checkbox"/> NO	<ul style="list-style-type: none">• Will CITT Funds be used? <input type="checkbox"/> YES <input type="checkbox"/> NO• Will Federal Funds be used? <input type="checkbox"/> YES <input type="checkbox"/> NO• If UAP is not included, Attach written approval to waive UAP and
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Section #3 Emergency Purchases 1-27-05

SECTION #3
EMERGENCY PURCHASES

provide an explanation in the "Comments" section

► Justification and Comments:	<u>Miami-Dade Corrections & Rehabilitation Department requests an emergency Purchase Order to purchase 780 cases of Latex Gloves @\$128.00/case. The gloves are used to pat down inmates and respond to medical emergencies on a daily basis. These gloves are a critical component in our effort to enable staff to complete their duties and responsibilities in a safe and secure manner.</u>
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Background/Need to Know:	<u>The awarded vendor American Medical Depot under contract 8209-4/12-4 for Latex Gloves advised Internal Services Department (ISD) on 05.06.11 that they are unable to provide the latex gloves as stipulated on contract. ISD is currently re-soliciting the contract for the DIGITCARE latex gloves. An emergency PO is being requested to continue MDCR daily operations until a new contract is establish.</u>
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Potential Issues:	<u>PBA recognized Correction Officers as first responders. These gloves protect our officers from diseases like MRSA (Methicillin Resistant Staphylococcus Aereus), and other life threatening contagious diseases.</u>
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► **Signature(s):**

Mohammad Haq
Contact Person

11/01/11
Date

786-263-5914
Telephone


Marydel Guevara, Deputy Director

11/2/2011
Date

Department of Procurement Management Use Only

Signatures(s):

Procurement Agent

Date

Procurement Supervisor

Date

Procurement Manager

Date

Division Director

Date

Vendor Assistance Section

Date

Attach: 1. Explanation of the emergency situation. 2. Written price quotation(s) including terms and conditions. 3. Vendor(s) Certificate of Insurance. 4. Copy of invoice(s).

Rodriguez, Abelin (ISD)

From: Hassun, Ana (MDCR)
Sent: Thursday, November 03, 2011 11:35 AM
To: Rodriguez, Abelin (ISD)
Cc: Haq, Mohammed I. (MDCR)
Subject: Emergency Input Document (Latex Gloves)
Attachments: EMERGENCY INPUT DOC - LATEX GLOVES 11.03.11.pdf

Importance: High

Good morning Abe,

Attached, please find Emergency Input Document for Latex Gloves. The requisition assigned to this request is RQCR1200001. The quote from Bound Tree Medical LLC will follow.

Best regards,

Ana Hassun

Buyer
Corrections & Rehabilitation Department
2525 NW 62 street, 2nd Floor, Miami, FL. 333147
Phone 786-263-5907 *Fax. 786-263-6137
Email: ayh@miamidade.gov

"Delivering Excellence Every Day"

miamidade.gov 



INVITATION TO QUOTE
MIAMI-DADE COUNTY
Internal Services Department
111 N.W. 1 St. Suite 1300
Miami, Florida 33128-1974

THIS IS NOT
AN ORDER

QUOTATION NO.: _____

DUE DATE: _____

TIME: 2:00 PM

CONTRACT NO. (if applicable): N/A

CONTACT PERSON: Abelin Rodriguez

PHONE: (305) 375-4744

FAX: (305) 375-4407

SEALED QUOTE REQUIRED: (X) NO See Instructions to Bidders Attached

NOTES: 1. All prices shall be F.O.B. Destination delivery point including all costs and freight unless otherwise specified

2. Failure to complete and sign this form renders your bid/quotation non-responsive and ineligible for award

ITEM	QUANTITY	UNIT	DESCRIPTION	UNIT PRICE	TOTAL PRICE
			Digitcare, Inc. latex gloves, style ICU911-T. 100gloves per box, 10 boxes per case. NO SUBSTITUTE		
1	730	Case	Size extra large (XL)	\$ _____ Per Case	\$ _____
2	50	Case	Size extra extra large (2XL)	\$ _____ Per Case	\$ _____
Grand Total					

Payment Terms: In accordance with Florida Statutes, Section 218.74 and Section 2-8.1.4 of the Miami-Dade County Code payment shall be 45 days from receipt of a proper invoice (30 days to small firms)

Delivery is required in 30 calendar days after receipt of an order

Method of Award: Award will be made in the aggregate. Both Small Business Enterprise and Local Preference will apply.

Pursuant to Miami-Dade County Ordinance 94-34, any individual, corporation, partnership, joint venture or other legal entity having an officer, director, or executive who has been convicted of a felony during the past ten (10) years shall disclose this information prior to entering into a contract with or receiving funding from the County.

☐ Place a check mark here only if bidder has such conviction to disclose to comply with this requirement.

LOCAL PREFERENCE CERTIFICATION: For the purpose of this certification, a "local business" is a business located within the limits of Miami-Dade County (or Broward County in accordance with the Interlocal Agreement between the two counties) that conforms with the provisions of Section 1.10 of the General Terms and Conditions of this solicitation and contributes to the economic development of the community in a verifiable and measurable way. This may include, but not be limited to, the retention and expansion of employment opportunities and the support and increase to the County's tax base.

☐ Place a check mark here only if affirming bidder meets requirements for Local Preference. Failure to complete this certification at this time (by checking the box above) shall render the vendor ineligible for Local Preference.

Addenda Received: ☐ Yes ☐ No

If yes, please indicate the number of addenda received: _____

It is hereby certified and affirmed that the bidder shall accept any awards made as a result of this quotation. Bidder further agrees that prices quoted will remain fixed for a period of forty-five (45) days from date quotation is due. If awarded a purchases order or contract as a result of this solicitation, bidder further agrees that prices quoted shall remain fixed and firm for the term of the contract.

Authorized Signature: _____ Title: _____

Print/Type Name: _____ Phone: _____

E-mail: _____ Fax: _____

Firm Name: _____ F.E.I.N. No.: ____/____/____/____/____/____/____/____/____/____

Address: _____ City: _____ State: _____

THE EXECUTION OF THIS FORM CONSTITUTES THE UNEQUIVOCAL OFFER OF PROPOSER TO BE BOUND BY THE TERMS OF ITS PROPOSAL. FAILURE TO SIGN THIS SOLICITATION WHERE INDICATED ABOVE BY AN AUTHORIZED REPRESENTATIVE SHALL RENDER THE PROPOSAL NON-RESPONSIVE. THE COUNTY MAY, HOWEVER, IN ITS SOLE DISCRETION, ACCEPT ANY PROPOSAL THAT INCLUDES AN EXECUTED DOCUMENT WHICH UNEQUIVOCALLY BINDS THE PROPOSER TO THE TERMS OF ITS OFFER.



INVITATION TO QUOTE

MIAMI-DADE COUNTY
QUOTATION NO. _____

**THIS IS NOT
AN ORDER**

SMALL/MICRO BUSINESS CONTRACT MEASURES FOR SOLICITATIONS (Bid Preference)

A 10% bid preference for Micro Business Enterprises (Micro/SBE) applies to this solicitation if the resultant contract is \$50,000 or less. A 10% bid preference for Small Business Enterprises (SBE) applies to this solicitation if the resultant contract is greater than \$50,000 unless otherwise noted. A Micro/SBE or SBE Business Enterprise must be certified by Small Business Affairs for the type of goods and/or services the Enterprise provides in accordance with the applicable Commodity Code(s) for this solicitation. For certification information, contact Small Business Affairs at 305-375-3111 or access www.miamidade.gov/dbd.

The Micro/SBE or SBE Business Enterprise must be certified by bid submission deadline, at contract award and for the duration of the contract to remain eligible for the preference.

Is your firm a Miami-Dade County Certified Small Business Enterprise? Yes _____ No _____
If yes, please provide your Certification Number: _____

Is your firm a Miami-Dade County Certified Micro Business Enterprise? Yes _____ No _____
If yes, please provide your Certification Number: _____

Do you accept purchasing/credit cards for these purchases? _____

INSTRUCTIONS TO BIDDERS

1. Where a sealed quote is not required, the bidder may submit its written quotation by fax, mail, etc. to the Specialist identified on the front of this document. E-mails may be sent to abelin@miamidade.gov, receipt of faxes should be confirmed by telephone call to the number shown on the first page.
2. Quotes received after the time and date specified, and after any other quotes have been opened shall not be accepted.

Requests for additional information or clarification must be made in writing to the person identified on the front of this form. The County will issue additional information by written addenda prior to the scheduled opening date. It is the bidder's responsibility to assure receipt of all addenda.

TERMS AND CONDITIONS

1. Miami-Dade County is tax exempt and no taxes shall be included unless otherwise specified, by the County, on the quote form.
2. The County may reject any or all quotations, or any portion of the quotation, as it deems, in the best interest of the County.
3. In case of default by a successful bidder, Miami-Dade County may procure the goods or services from other sources and charge the bidder, any excess cost or damages occasioned thereby, and debar the bidder from further County contracts in accordance with the Miami-Dade County Code.
4. It is agreed that items or services quoted shall comply with all Federal, State, and local laws relative thereto, and that the bidder shall defend actions or claims brought, and save harmless the County from loss, cost or damage by reason of actual or alleged infringements of patents, copyrights, etc.
5. Bidder shall insert unit price and extension, as required, opposite each item. Where the unit price and the extension price are at variance, the unit price shall prevail.
6. Where equal (substitute) is quoted, items must be equal to or exceed the specifications of the goods specified. The County shall be the sole judge of equality and the decision rendered shall be final. Where the bidder quotes an equal product, the bidder must include the manufacturer, model, description, and any other information necessary for the County to make an evaluation. The County, at its sole discretion, may request additional information during the evaluation period.



INVITATION TO QUOTE

MIAMI-DADE COUNTY
QUOTATION NO. _____

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7. This quote form, any addenda, and/or properly executed modifications, the purchase order (if issued), and a change order (if applicable), constitute the entire contract.
8. All material specified herein shall be fully guaranteed by the bidder against factory defects. The bidder at no cost to the County will correct any defects, which may occur as the result of faulty material or workmanship, within the period of the manufacturer's standard warranty. The County does not waive the implied warranties granted under the Uniform Commercial Code.
9. All goods and materials shall be new and unused, unless otherwise specified by the County as part of this Invitation to Quote.
10. The County may, at its sole discretion, extend the delivery date where the County determines that it is in the best interest of the County.
11. Rejected goods remain the property of the bidder and all risk of loss remains with the bidder. Bidder must remove all rejected goods from County property within the time frame established by the County.
12. Method of award is by item, unless otherwise specified by the County.
13. The Department of Procurement Management (DPM) Director, or designee, shall issue an award under this solicitation. The successful bidder shall honor no request for performance until the DPM Director, or designee, has made an award.
14. Any bidder may protest any recommendation for contract award in accordance with the applicable provisions of the Dade County Code.
15. Costs of mandatory random audit by the Inspector General are incorporated into this contract as 1/4 of 1% of the contract price.

Purpose

The purpose of this Invitation to Quote is to secure quotes for the goods listed and specified herein.

To Receive A Copy Of Bid Tabulation

To receive a copy of the tabulation of bids, the Bidder must enclose a self-addressed, stamped envelope when submitting the quote.

Legal Requirements

Bidders are advised that this contract is subject to all legal requirements contained in the County's Administrative Order 3-38 and all other applicable County Ordinances and/or State and Federal Statutes. Where conflicts exist between this bid solicitation and these legal requirements, the higher authority shall prevail.

The award of this bid solicitation is subject to County Ordinance No. 01-21 which, except where Federal or State law mandates to the contrary, allow preference to be given to a local business. For the purposes of the applicability of this Ordinance, "local business" means the bidder, as of the date of the bid opening, has a valid occupational license issued by Miami-Dade County to do business in Miami-Dade County, that authorizes the bidder to provide the goods, services or construction to be purchased, and has a physical business address located within the limits of Miami-Dade County from which the vendor operates or performs business. A Post Office Box cannot be used to establish a physical address.

When a responsive, responsible non-local business submits the lowest price bid, and the bid submittal by one or more responsive, responsible local businesses is within 10% of the price submitted by the non-local business, then the non-local business and each of the aforementioned local businesses shall have the opportunity to submit a best and final bid equal to or lower than the amount of the low bid previously submitted by the non-local business. The best and final bid will be requested by the County within five working days of the bid opening. In the case of a tie in the best and final bid between a local business and a non-local business, contract award shall be made to the local business.



INVITATION TO QUOTE

MIAMI-DADE COUNTY
QUOTATION NO. _____

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COUNTY USER ACCESS PROGRAM (UAP)

User Access Fee

Pursuant to Miami-Dade County Budget Ordinance No. 03-192, this contract is subject to a user access fee under the County User Access Program (UAP) in the amount of two percent (2%). All sales resulting from this contract, or any contract resulting from this solicitation and the utilization of the County contract price and the terms and conditions identified herein, are subject to the two percent (2%) UAP. This fee applies to all contract usage whether by County Departments or by any other governmental, quasi-governmental or not-for-profit entity.

The vendor providing goods or services under this contract shall invoice the contract price and shall accept as payment thereof the contract price less the 2% UAP as full and complete payment for the goods and/or services specified on the invoice. The County shall retain the 2% UAP for use by the County to help defray the cost of the procurement program. Vendor participation in this invoice reduction portion of the UAP is mandatory.

Joint Purchase

Only those entities that have been approved by the County for participation in the County's Joint Purchase and Entity Revenue Sharing Agreement are eligible to utilize or receive Miami-Dade County contract pricing and terms and conditions. The County will provide to approved entities a UAP Participant Validation Number. The vendor must obtain the participation number from the entity prior to filling any order placed pursuant to this section. Vendor participation in this joint purchase portion of the UAP, however, is voluntary. The vendor shall notify the ordering entity, in writing, within 3 work days of receipt of an order, of a decision to decline the order.

For all ordering entities located outside the geographical boundaries of Miami-Dade County, the successful vendor shall be entitled to ship goods on an "FOB Destination, Prepaid and Charged Back" basis. This allowance shall only be made when expressly authorized by a representative of the ordering entity prior to shipping the goods.

Miami-Dade County shall have no liability to the vendor for the cost of any purchase made by an ordering entity under the UAP and shall not be deemed to be a party thereto. All orders shall be placed directly by the ordering entity with the vendor and shall be paid by the ordering entity less the 2% UAP.

Vendor Compliance

If a vendor fails to comply with this section, that vendor may be considered in default of the contract by Miami-Dade County.



INVITATION TO QUOTE

MIAMI-DADE COUNTY
QUOTATION NO. _____

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Affirmation of Business Entity Affidavits

In accordance with Ordinance 07-143 amending Section 2-8.1 of the Code of Miami-Dade County, effective June 1, 2008, vendors are required to complete a new Vendor Registration Package, including a Uniform Affidavit Packet (Affidavits Form), before they can be awarded a contract. The undersigned affirms that the Affidavit form submitted with the Vendor Registration Package is current, complete and accurate for each affidavit listed below.

Contract No. : _____ Federal Employer
Identification Number (FEIN): _____

Contract Title: _____

Affidavits and Legislation/ Governing Body

1. Miami-Dade County Ownership Disclosure Sec. 2-8.1 of the County Code	6. Miami-Dade County Obligation to County Section 2-8.1 of the County Code
2. Miami-Dade County Employment Disclosure County Ordinance No. 90-133, amending Section 2-8.1(d)(2) of the County Code	7. Miami-Dade County Code of Business Ethics Article 1, Section 2-8.1(i) and 2-11(b)(1) of the County Code through (6) and (9) of the County Code and County Ordinance No 00-1 amending Section 2-11.1(c) of the County Code
3. Miami-Dade Employment Drug-free Workplace Certification Section 2-8.1.2(b) of the County Code	8. Family Leave Article V of Chapter 11 of the County Code
4. Miami-Dade Disability Non-Discrimination Article 1, Section 2-8.1.5 (AA) Resolution R182-00 amending R-385-95	9. Living Wage Section 2-8.9 of the County Code
5. Miami-Dade County Debarment Disclosure Section 10.38 of the County Code	10. Domestic Leave and Reporting Article 8, Section 11A-60 11A-67 of the County Code

Printed Name of Affiant	Printed Title of Affiant	Signature of Affiant
Name of Firm		Date
Address of Firm	State	Zip Code

Notary Public Information

Notary Public - State of _____ County of _____

Subscribed and sworn to (or affirmed) before me this _____ day of, _____ 20 _____

by _____ He or she is personally known to me ☐ or has produced identification ☐

Type of Identification produced _____

Signature of Notary Public _____ Serial Number _____

Print or Stamp of Notary Public _____ Expiration Date _____ Notary Public Seal _____